



Missouri Pharmacy Program – Preferred Drug List



Sedative Hypnotics
Effective 11/09/2005
Revised 07/06/2006

Preferred Agents

- Lunesta®
- Chloral Hydrate
- Temazepam
- Estazolam
- Triazolam
- Flurazepam

Non-Preferred Agents

- Sonata®
- Rozerem®
- Ambien®
- Ambien CR®
- Restoril®
- Halcion®
- Prosom®
- *Dalmane®*
- Somnote

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	
For patients with diagnostic history of substance abuse with failure to achieve the desired therapeutic outcomes only require trial of 1 preferred agent (Lunesta®) <ul style="list-style-type: none">○ After Lunesta® failure all non-preferred products are available	Drug Prior Authorization Hotline: (800) 392-8030

